PTC/S8/22 (12-04)

Approved for use through 07/31/2006. OMB 0651-0031

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	PETITION	FOR EXTENSION OF TIME UNDER	Docket Number (Optional)							
	(Foos	. FY 2005 pursuant to the Consolidated Appropriations Ac	F07 <b>0</b>							
	Application Number 09/840,558 Filed April 23, 2001  For Collection of Secondary Electrons through the Objective Lens of a Scanning Electron Microscope									
	Art Unit 288	31	Examiner Paul M. Gurzo							
	This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.									
	The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):									
			<u>Fee</u>	Small Entity Fee						
	V	One month (37 CFR 1.17(a)(1))	\$120	\$60	s <u>120.00</u>					
		Two months (37 CFR 1.17(a)(2)) .	\$450	\$225	\$					
		Three months (37 CFR 1.17(a)(3))	\$1020	\$510	\$					
		Four months (37 CFR 1.17(a)(4))	\$1590	\$795	\$ <u>:</u>					
		Five months (37 CFR 1.17(a)(5))	\$2160	\$1080	s					
	Applicant claims small entity status. See 37 CFR 1.27.									
	A check in the amount of the fee is enclosed.  Payment by credit card. Form PTO-2038 is attached.  The Director has already been authorized to charge fees in this application to a Deposit Account.									
P/20/2004 TDA Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 50-1635 I have enclosed a duplicate copy of this sheet.										
1 FC:1251	WARNING information on this form may become public. Credit card information should not be included on this form. Provide credit part information and authorization on PTO-2038.									
	I am the	applicant/inventor.								
	1 2111 1216			<b>-</b>						
		assignee of record of the entire Statement under 37 CFR 3								
		attorney or agent of record. R	egistration Number	36,919	_ ,					
		attorney or agent under 37 CF								
		W(1) 8/1/7	## ## ## ## ## ## ## ## ## ## ## ## ##							
	-//	Signature	December 9, 2004							
		Michael O. Scheinberg	(512) 328-9510							
	<del></del>	Typed or printed name	Telephone Number							
	NOTE: Signetures of all the inventors or easigness of record of the antire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below									
	Total of forms are submitted.									
<u> </u>	This collection of i	nformation is required by 37 CFR 1.136(e). The Infor	mation is required to obtain or r	etain a benefit by the public wh						

USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 8 minutes to complete, including gashering, preparing, and submitting this completed application form to the USPTO. Time will vary departing upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for red USPTO. Time will vary departing upon the individual case. Any comments on the amount of time chief information Officer.

U.S. Pasent and Tradement Office, U.S. Department of Commerce, P.O. Box 1450 Alexandria, VA 22313-1450. DO NOT SEND PEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.D. Box 1450, Alexandria, VA 22212-1450.

If you need assistance in completing the form, call 1-800-PTO-9198 and select option 2.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unit  PATENT APPLICATION FEE DETERMINATION RECORD  Substitute for Form PTO-875									ess It displays a valid OMB control n Application or Docket Number 09840558			
CLAIMS AS FILED - PART I (Column 1) (Column 2)							SMALL ENTITY		OR	OTHER TH OR SMALL ENT		
	FOR	NUM	NUMBER FILED		NUMBER EXTRA		RATE	FEE		RATE		
BASIC FEE (37 CFR 1.16(a))								s	OR		Ft ,	
TOTAL CLAIMS (37 CFR 1.16(c))			minus 20 =				x \$ =		1	V .	+-	
INDEPENDENT CLAIMS		IMS .	minus 3 =						OR	× \$=	<del> </del>	
<u> </u>	CFR 1.16(b))			<u> </u>		┨	× \$=		OR	× \$=	<del> </del>	
MU	LTIPLE DEPENDI	ENT CLAIM PRESI	ENT	(37 CFR 1.16(d))		ļ	+ \$=	<del> </del>	OR	+ \$=		
* If the difference in column 1 is less than zero, enter *0* in column 2.							TOTAL		OR	TOTAL		
	Ć	LAIMS AS AN	MENDE	) – PART II								
		(Column 1)	٠٠.	(Column 2)	(Column 3)	`	SMALL I	ENTITY	OR -		R THAN ENTITY	
AMENDMENT A	12.9.04	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADI TION FE	
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AM	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))								OR		<del> </del>	
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		(Column 1)		(Column 2)	(Column 3)							
ENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADC TION FEI	
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		(Column 1)		∵ (Column 2)	(Column 3)						_	
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FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))

TOTAL

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OR

OR

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If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
 If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".
 If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".
 The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.